

PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum)

P8739.WO

Box No. I TITLE OF INVENTION

HAND ACCESS PORT DEVICE

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GAYA LIMITED  
2-3 Sandyford Village  
Sandyford  
Dublin 18  
Ireland

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:

IE

State (that is, country) of residence:

IE

This person is applicant  
for the purposes of:☐all designated  
States☒all designated States except  
the United States of America☐the United States  
of America only☐the States indicated in  
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

CALDWELL, Martin  
37 Mount Pleasant Square  
Ranelagh  
Dublin 6  
Ireland

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box  
is marked, do not fill in below.)

State (that is, country) of nationality:

IE

State (that is, country) of residence:

IE

This person is applicant  
for the purposes of:☐all designated  
States☐all designated States except  
the United States of America☒the United States  
of America only☐the States indicated in  
the Supplemental Box☒

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf  
of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

MACLACHLAN & DONALDSON  
47 Merrion Square  
Dublin 2  
Ireland

Telephone No.

+353-1-6763465

Facsimile No.

+353-1-6612083

Teleprinter No.

☐

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

BEST AVAILABLE COPY

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

CUMMINS, Christopher  
54 Knockowen Road  
Tullamore  
County Offaly  
Ireland

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

IE

State (that is, country) of residence:

IE

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

BEST AVAILABLE COPY

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

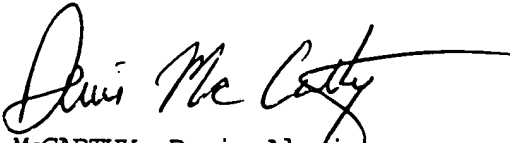
National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |   |   |
|---|---|
| <input type="checkbox"/> AE United Arab Emirates                  | <input type="checkbox"/> LC Saint Lucia                               |
| <input type="checkbox"/> AG Antigua and Barbuda                   | <input type="checkbox"/> LK Sri Lanka                                 |
| <input type="checkbox"/> AL Albania                               | <input type="checkbox"/> LR Liberia                                   |
| <input type="checkbox"/> AM Armenia                               | <input type="checkbox"/> LS Lesotho                                   |
| <input type="checkbox"/> AT Austria                               | <input type="checkbox"/> LT Lithuania                                 |
| <input type="checkbox"/> AU Australia                             | <input type="checkbox"/> LU Luxembourg                                |
| <input type="checkbox"/> AZ Azerbaijan                            | <input type="checkbox"/> LV Latvia                                    |
| <input type="checkbox"/> BA Bosnia and Herzegovina                | <input type="checkbox"/> MA Morocco                                   |
| <input type="checkbox"/> BB Barbados                              | <input type="checkbox"/> MD Republic of Moldova                       |
| <input type="checkbox"/> BG Bulgaria                              | <input type="checkbox"/> MG Madagascar                                |
| <input type="checkbox"/> BR Brazil                                | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BY Belarus                               | <input type="checkbox"/> MN Mongolia                                  |
| <input type="checkbox"/> BZ Belize                                | <input type="checkbox"/> MW Malawi                                    |
| <input checked="" type="checkbox"/> CA Canada                     | <input type="checkbox"/> MX Mexico                                    |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein  | <input type="checkbox"/> MZ Mozambique                                |
| <input type="checkbox"/> CN China                                 | <input type="checkbox"/> NO Norway                                    |
| <input type="checkbox"/> CR Costa Rica                            | <input type="checkbox"/> NZ New Zealand                               |
| <input type="checkbox"/> CU Cuba                                  | <input type="checkbox"/> PL Poland                                    |
| <input type="checkbox"/> CZ Czech Republic                        | <input type="checkbox"/> PT Portugal                                  |
| <input type="checkbox"/> DE Germany                               | <input type="checkbox"/> RO Romania                                   |
| <input type="checkbox"/> DK Denmark                               | <input type="checkbox"/> RU Russian Federation                        |
| <input type="checkbox"/> DM Dominica                              | <input type="checkbox"/> SD Sudan                                     |
| <input type="checkbox"/> DZ Algeria                               | <input type="checkbox"/> SE Sweden                                    |
| <input type="checkbox"/> EE Estonia                               | <input type="checkbox"/> SG Singapore                                 |
| <input type="checkbox"/> ES Spain                                 | <input type="checkbox"/> SI Slovenia                                  |
| <input type="checkbox"/> FI Finland                               | <input type="checkbox"/> SK Slovakia                                  |
| <input type="checkbox"/> GB United Kingdom                        | <input type="checkbox"/> SL Sierra Leone                              |
| <input type="checkbox"/> GD Grenada                               | <input type="checkbox"/> TJ Tajikistan                                |
| <input type="checkbox"/> GE Georgia                               | <input type="checkbox"/> TM Turkmenistan                              |
| <input type="checkbox"/> GH Ghana                                 | <input type="checkbox"/> TR Turkey                                    |
| <input type="checkbox"/> GM Gambia                                | <input type="checkbox"/> TT Trinidad and Tobago                       |
| <input type="checkbox"/> HR Croatia                               | <input type="checkbox"/> TZ United Republic of Tanzania               |
| <input type="checkbox"/> HU Hungary                               | <input type="checkbox"/> UA Ukraine                                   |
| <input type="checkbox"/> ID Indonesia                             | <input type="checkbox"/> UG Uganda                                    |
| <input type="checkbox"/> IL Israel                                | <input checked="" type="checkbox"/> US United States of America       |
| <input type="checkbox"/> IN India                                 | <input type="checkbox"/> UZ Uzbekistan                                |
| <input type="checkbox"/> IS Iceland                               | <input type="checkbox"/> VN Viet Nam                                  |
| <input checked="" type="checkbox"/> JP Japan                      | <input type="checkbox"/> YU Yugoslavia                                |
| <input type="checkbox"/> KE Kenya                                 | <input type="checkbox"/> ZA South Africa                              |
| <input type="checkbox"/> KG Kyrgyzstan                            | <input type="checkbox"/> ZW Zimbabwe                                  |
| <input type="checkbox"/> KP Democratic People's Republic of Korea |   |
| <input type="checkbox"/> KR Republic of Korea                     |   |
| <input type="checkbox"/> KZ Kazakhstan                            |   |

Check-box reserved for designating States which have become party to the PCT after issuance of this sheet:

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant

BEST AVAILABLE COPY

Box No. VI PRIORITY CLAIM				
<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 30th July 1999 (30.07.1999)	S990660	IE		
item (2) 24th September 1999 (24.09.1999)	990795	IE		
item (3)				
<input type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1) + (2)				
<i>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</i>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) <i>(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):</i>		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
ISA / EP		Date (day/month/year)	Number	Country (or regional Office)
Box No. VIII CHECK LIST; LANGUAGE OF FILING				
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 21 claims : 10 abstract : 1 drawings : 13 sequence listing part of description : _____ Total number of sheets : 49		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: (Gaya Limited) 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract: 1 + 7		Language of filing of the international application: English		
Box No. IX SIGNATURE OF APPLICANT OR AGENT				
<i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i>				
 McCARTHY, Denis Alexis, MACLACHLAN & DONALDSON, Applicants' Agents.				

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings:  <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

For International Bureau use only
Date of receipt of the record copy by the International Bureau:

BEST AVAILABLE COPY